A study of Platelet indices in acute myocardial infarction: An observational study

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Background: Platelets play an important role in the pathophysiology of coronary artery disease. Naive platelets are larger in size and have more reactivity than older platelets. So the Platelet indices including Mean Platelet Volume, Plateletcrit, and Platelet Distribution Width may emerge a marker of CAD. The aim of the study is to study the role of Platelet indices in patients with Acute Coronary Syndrome and to see whether increase in platelet indices is associated with increased risk of Acute Coronary Syndrome.
Materials and methods: In the present study patients who presented to NIMS with Acute Coronary Syndromes including Acute STEMI, NSTEMI were included. Platelet indices calculated in all these patients at the time of admission through automated analyzers. The effect of Platelet indices in patients with ACS is studied and compared with age and sex matched controls.
Results: In our study total of 53 patients with ACS were studied. In our study MPV did not show any statistically significant difference in patients with ACS. On the other hand there was a significant difference in PCT & PDW in patients with ACS. Patients with ACS have higher values of PCT&PDW when compared to age matched controls.
Conclusion: Larger platelets are hemostatically more active and are a risk factor for developing coronary thrombosis and subsequent acute coronary event (Acute STEMI/NSTEMI). Patients with larger platelets can easily be identified during routine hematological analysis and could possibly benefit from preventive treatment.

Unusual symptom in a patient with anterior wall STEMI

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Case report: 42 year old male was admitted with chest pain and diagnosed to have anterolateral wall STEMI. He was thrombolysed with inj. tenecteplase. On day 2, he complained of passing milky urine. He had h/o similar complaint 3 episodes in the past 1 year when he consumed fatty diet. No h/o filariasis. Chyluria was suspected and urine was sent for analysis which proved it as chyluria by ether test. Though he did not have prior h/o fatty diet consumption during this episode, he had chyluria secondary to stress induced by MI. There are rare instances reported where emotional stress precipitated chyluria. Lymphoscintigraphy revealed damaged left lymphatics. He underwent stenting to proximal LAD and is under regular follow up. Investigations to rule out hypercoagulability secondary to chyluria (protein c, protein s, antithrombin) were done and they were within normal limits. In view of few episodes of chyluria, surgical intervention is not needed for this patient.
This case is being reported in view of rare symptom during acute MI.

Correlation in between coronary artery disease severity and peripheral artery disease

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Background: Patient of coronary artery disease (CAD) and peripheral arterial disease (PAD) shares common risk factors. This study was designed to find out relationship between coronary artery disease as assessed by syntax score (SS) and peripheral arterial disease as assessed by ankle brachial index (ABI).
Material and method: This was an observational cross-sectional study. 100 adult patients of suspected stable CAD were included. Exclusion criteria were prior history of confirmed CAD, valvular heart disease, LV dysfunction, prior coronary artery bypass or PCI, previous surgery or intervention for PAD, deformity in upper and lower limbs, unclear results of ABI or angiography, presence of severe end organ disease.
ABI was performed by using a hand held vascular Doppler system of 8 MHz and an aneroid sphygmomanometer. Coronary angiography was performed and the syntax score was calculated by using Syntax score Calculator software version 2.11.
Results:

Correlation table for ABI and SS.

ABI	SS (0–22)	SS (23–32)	SS (>32)
ABI < 0.9	18.00	3.00	8.00
ABI ≥ 0.9	59.00	7.00	5.00

(Values represent number of patients) (Significant at 0.01 level).
There was significant correlation in between higher syntax score (SS > 32) and lower ABI (ABI < 9), lower ABI and higher SS were also significantly associated with male sex, hypertension, diabetes, smoking, family history of CAD and dyslipidemia.
Conclusion: There is significant correlation in between high syntax score (SS > 32) and ABI (<0.9).

Acute Coronary Syndrome (ACS) in medical intensive care units: A different entity

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Introduction: ECG changes of ST elevation in a VR and V1 with global ST depression in patients with chest discomfort are considered to represent very high risk ACS pool with possible left main coronary artery or severe triple vessel disease needing early coronary angiography and intervention. Nevertheless, such alarming ECG changes could also be a manifestation of a relatively benign entity in the setting of Medical ICUs. We report 4 such patients in the last 5 years who, while being treated for other systemic illnesses, developed ''left-main like'' ECG changes.
Case report: 3 of these 4 patients with mean age of 27 years had no comorbidities for coronary artery disease (CAD). They were ventilated patients on treatment for septic shock, on escalated doses of vasopressors as per the ICU protocol. They developed ''left-main